2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063253

City-St-Zip:

HIALEAH, FL 33012 US

Entity Name: MEDCARE PARTNERS, LLC

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1905 WEST 35 STREET SUITE 105 HIALEAH, FL 33012 **New Mailing Address: Current Mailing Address: 1905 WEST 35 STREET** SUITE 105 HIALEAH, FL 33012 US FEI Number: 20-5082522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUBIO, EDUARDO 1905 WEST 35 STREET SUITE 105 HIALEAH, FL 33012 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete RUBIO, EDUARDO Name: Name: Address: 1905 WEST 35 STREET, SUITE 105 Address: City-St-Zip: HIALEAH, FL 33012 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: IGLESIAS, ROLANDO M.D. Name: Address: 1905 WEST 35 STREET, SUITE 105 Address: City-St-Zip: HIALEAH, FL 33012 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition ARANA, JULIAN F M.D. Name: Name: 1905 WEST 35 STREET, SUITE 105 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: EDUARDO RUBIO MGR 01/16/2009